

FILED FEB 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4660

State File No. ....

|  |  |  |  |   |  |  |  |  |  |
|--|--|--|--|---|--|--|--|--|--|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>132</u>  |  | PRIMARY REG. DIST. NO. <u>3021</u>  |  | Registrar's No. <u>102</u>   |  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Brumby</u>   |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Brumby</u>  |  |  |  |  |  |
| b. CITY OR TOWN <u>Brenton</u>   |  | c. LENGTH OF STAY (In this place) <u>35 yrs.</u>   |  | c. CITY OR TOWN <u>Brenton</u>  |  |  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1806 Chestnut</u>   |  |  |  | d. STREET ADDRESS (If rural, give location) <u>1806 Chestnut</u>  |  |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>LILLIE</u>  |  | b. (Middle) <u>MAE</u>   |  | c. (Last) <u>TROSPER</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Jan. 3 1949</u>              |  |  |  |
| 5. SEX <u>Female</u>   |  | 6. COLOR OR RACE <u>Negro</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>   |  | 8. DATE OF BIRTH <u>February 6, 1881</u>                                 |  |  |  |
| 9. AGE (In years) (Months) (Days) <u>67 10 37</u>  |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   |  | 11. BIRTHPLACE (State or foreign country) <u>Marble, Missouri</u>        |  |  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>   |  | 13a. FATHER'S NAME <u>William Brown</u>  |  | 13b. MOTHER'S MAIDEN NAME <u>Susan Chesson</u>  |  | 14. NAME OF HUSBAND OR WIFE <u>James H. Trooper</u>                      |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>  |  | 16. SOCIAL SECURITY NO. <u>none</u>  |  | 17. INFORMANT'S SIGNATURE OR NAME <u>Otis Trooper</u>   |  | ADDRESS <u>Televaland</u>  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                |  |  |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arteriosclerosis</u><br>DUE TO (c) <u>35 yrs</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  |   |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                     |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |  |  |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>       |  | 21f. HOW DID INJURY OCCUR?  |  |  |  |  |  |
| 22. I hereby certify that I attended the deceased from <u>12-30-1948</u> to <u>1-3-1949</u> , that I last saw the deceased alive on <u>1-3-1949</u> , and that death occurred at <u>3 p.m.</u> , from the causes and on the date stated above. |  |  |  |   |  |  |  |  |  |
| 23a. SIGNATURE (Degree or title) <u>James H. Trooper M.D.</u>  |  |  |  | 23b. ADDRESS <u>Brenton Mo</u>  |  | 23c. DATE SIGNED <u>1-4-49</u>   |  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>Jan. 6, 1949</u>  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove Cemetery</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Brenton Missouri</u>    |  |  |  |
| DATE REC'D BY LOCAL REG. <u>Jan 4, 1949</u>  |  | REGISTRAR'S SIGNATURE <u>Gene Fair</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond A. Davis</u>  |  | ADDRESS <u>Brenton</u>   |  |  |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Rollin Richardson*

Student Embalmer No. 271

working under my personal supervision.

Signed

*Rollin Richardson*  
Student Embalmer

Signed

*Walter E. Moyer*

Licensed Embalmer No.

4491

P. O. Address

*Frenton, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.